

**Combined Declaration for Patent Application and Power of Attorney (Continued)**  
 (Includes Reference to PCT International Applications)

 ATTORNEY'S DOCKET NUMBER  
**MARGI-0044**

|      |                         |                                      |   |   |
|------|-------------------------|--------------------------------------|---|---|
| 1201 | FULL NAME OF INVENTOR   | FAMILY NAME<br><u>Carlo</u>          | FIRST GIVEN NAME<br><u>GHISALBERTI</u>    | SECOND GIVEN NAME   |
|      | RESIDENCE & CITIZENSHIP | CITY<br><u>Sao Paulo</u> <i>BR</i>   | STATE OR FOREIGN COUNTRY<br><u>Brazil</u> | COUNTRY OF CITIZENSHIP<br><u>Brazil</u>                         |
|      | POST OFFICE ADDRESS     | STREET<br><u>Rua Luis Dias 85/61</u> | CITY<br><u>Sao Paulo</u>                  | STATE & ZIP CODE/COUNTRY<br><u>ITAIM-BIBI 04542-080, Brazil</u> |
| 202  | FULL NAME OF INVENTOR   | FAMILY NAME                          | FIRST GIVEN NAME                          | SECOND GIVEN NAME   |
|      | RESIDENCE & CITIZENSHIP | CITY                                 | STATE OR FOREIGN COUNTRY                  | COUNTRY OF CITIZENSHIP  |
|      | POST OFFICE ADDRESS     | STREET                               | CITY                                      | STATE & ZIP CODE/COUNTRY  |
| 203  | FULL NAME OF INVENTOR   | FAMILY NAME                          | FIRST GIVEN NAME                          | SECOND GIVEN NAME   |
|      | RESIDENCE & CITIZENSHIP | CITY                                 | STATE OR FOREIGN COUNTRY                  | COUNTRY OF CITIZENSHIP  |
|      | POST OFFICE ADDRESS     | STREET                               | CITY                                      | STATE & ZIP CODE/COUNTRY  |
| 204  | FULL NAME OF INVENTOR   | FAMILY NAME                          | FIRST GIVEN NAME                          | SECOND GIVEN NAME   |
|      | RESIDENCE & CITIZENSHIP | CITY                                 | STATE OR FOREIGN COUNTRY                  | COUNTRY OF CITIZENSHIP  |
|      | POST OFFICE ADDRESS     | STREET                               | CITY                                      | STATE & ZIP CODE/COUNTRY  |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

|   |                              |                           |      |
|---|------------------------------|---------------------------|------|
| SIGNATURE OF INVENTOR 201<br><i>Carlo Ghisalberti</i> | DATE<br><i>June 18, 2005</i> | SIGNATURE OF INVENTOR 207 | DATE |
| SIGNATURE OF INVENTOR 202                             | DATE                         | SIGNATURE OF INVENTOR 208 | DATE |
| SIGNATURE OF INVENTOR 203                             | DATE                         | SIGNATURE OF INVENTOR 209 | DATE |
| SIGNATURE OF INVENTOR 204                             | DATE                         | SIGNATURE OF INVENTOR 210 | DATE |
| SIGNATURE OF INVENTOR 205                             | DATE                         | SIGNATURE OF INVENTOR 211 | DATE |
| SIGNATURE OF INVENTOR 206                             | DATE                         | SIGNATURE OF INVENTOR 212 | DATE |

**COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**  
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER  
**MARGI-0044**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**HYDROXYPYRIDINONES FOR THE LOCAL TREATMENT OF SKIN MICROCIRCULATORY DISORDERS**

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☐ was filed as United States application  
Serial No. \_\_\_\_\_  
on \_\_\_\_\_  
and was amended  
on \_\_\_\_\_ (if applicable).
- ☒ was filed as PCT international application  
Number PCT/IB2003/005222  
on 19 November 2003 (19.11.2003),  
and was amended under PCT Article 19  
on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| PRIOR FOREIGN APPLICATION NUMBER(S) | COUNTRY | FOREIGN FILING DATE<br>(MM/DD/YYYY) | PRIORITY NOT CLAIMED     |
|-------------------------------------|---------|-------------------------------------|--------------------------|
| MI2002A002447                       | Italy   | 11/19/2002                          | <input type="checkbox"/> |
|                                     |         |                                     | <input type="checkbox"/> |
|                                     |         |                                     | <input type="checkbox"/> |
|                                     |         |                                     | <input type="checkbox"/> |
|                                     |         |                                     | <input type="checkbox"/> |

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the attorneys and agents at Millen, White, Zelano & Branigan, PC that are associated with Customer Number 23599 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Customer No. **23599**

Telephone No.  
703/243-6333

Direct Telephone Calls to: